



Atty. Dkt. No. 038602/0254

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: **Benjamin L. MARGOLIS, et al.**

Title: **Methods For Treatment Of Diagnosis Of Diseases Or Disorders  
Associated With An Apb Domain**

Appl. No.: **09/012,369**

Filing Date: **January 23, 1998**

Examiner: **J. Hunt**

Art Unit: **1642**

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**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- [ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	8	□ 25 =	0 x	\$18.00 =	\$0.00
Independents:	1	□ 5 =	0 x	\$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:			+ \$280.00 =		\$0.00
CLAIMS FEE TOTAL:					= \$0.00

- [ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$920.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$920.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$920.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$920.00

- Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$920.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date March 25, 2002

FOLEY & LARDNER  
Washington Harbour  
3000 K Street, N.W., Suite 500  
Washington, D.C. 20007-5143  
Telephone: (202) 672-5475  
Facsimile: (202) 672-5399

Respectfully submitted,

By \_\_\_\_\_

Beth A. Burrous  
Attorney for Applicant  
Registration No. 35,087